Responsive Behaviours – Clinical and Organizational Change Concepts and Ideas

Choose change ideas most appropriate for your LTC home

Recognition and Assessment

- Educate Residents/Family and Staff
- Care Planning for Prevention
- Improve Work Flow
- Develop Routine Practices
- Design Systems to Avoid Mistakes

Engage Residents and Families:
- Involves residents and families in care planning
- Involves residents in their own care planning
- Engages the whole family in problem solving

Engage family in problem solving to understand behaviour changes and potential triggers

Create communication tool for families to use at care conferences

Provide a checklist of families things that will be happening and what to inquire about routinely

Family representation on OI teams

Pre-admission tour

Private and comfortable spaces for family to spend time with resident

Inquire family to unit activities

Buddy programs for new admitted residents and their families

Family as trainers, support group leaders, newsletter writers, etc.

Regular feedback about how care can improve

Establish Resident and Family Councils

All behaviour has meaning

Fogging, risks, prevention

Home’s recall of care

Philosophy of care

Effectiveness of care

Fall and risk prevention

Impact of environment and noise

Palliative/end-of-life care planning

Available support groups

Staff meet with an adult, encourage autonomy whenever possible and respect their decisions

Unobtrusive environment

Steady routine of care

Activities centered around typical daily household: structured recreation/education, exercise, activities tailored to resident preferences and prior routines, engages family

Train DOS Champions on units

Create tip sheets for different staff

Staff meet with families to get feedback on care and ideas for improvement

Staff Education:
- Use Dementia Education Needs Assessment (DENA) tool to plan
- Tailored education for all staff – direct care, support, leadership

Topics:
- All behaviour has meaning
- Signs and symptoms of different types of dementia and prognosis
- Sensory processing and psychological management approaches (P.I.E.C.E.S., U.R.G.E.R., Tenderness, etc.)
- Differentiation (chin, dexterity, smell, touch, taste, sound)

- Best practices: communication, bathing, dressing, oral care, dining, pain management
- Vocational/verbal support de-escalation strategies
- Impact of environment and noise
- Impact of sleep issues
- Impact of behaviours on families and their support needs

General Principles of Care Planning:
- Individualize care plans based on retained abilities, preferences, needs, and goals of care
- Give families a copy of the plan
- Flexible scheduling of meals and other ADLs based on preferences
- Maintain a sense of personal continuity — e.g. events, possessions, hobbies
- Increase structure, consistency and predictability of daily routines
- Use non-pharmacological strategies first, unless risk of harm to self or others is imminent
- Use visual reminders
- Respect autonomy and avoid patronization

Proactively Respond to Needs:
- Anticipate and address resident’s physical/social needs – pain, hunger, thirst, temperature, toileting, boredom, and over-stimulation
- Regular pain assessment and management
- Promote confidence: individualized toileting plans (using variable dailies), adequate hydration during day, and limit night fluids
- Monitor 24-hour activity/rest cycle and care plan for balance
- Spend time in meaningful conversation before and after wound interventions e.g. medication, bathing, etc.
- Ensure optimal hearing (use of aids, functioning batteries) and vision (clean glasses)
- Consider High-Intensity Needs Funds for private room for severe behaviour changes
- Best practices – bathing, oral care, dressing, dining

Dementia Observation System (DOS)

Mobilize all staff to provide care

Activities centered around typical daily household: structured recreation/education, exercise, activities tailored to resident preferences and prior routines, engages family

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Admission Processes:
- Ask family about care and opportunities for improvement
- Use effective communication strategies in all resident interactions: approach from front, speak at eye level, address by name, use simple words, short phrases and gentle tone, minimize noise and distractions, give time to respond, suggest words, use “babytalk”

Admission Processes:
- Pre-admission: family consultation
- Development of behavioural history, risk, strategies, triggers (see column 1)
- Assessment of baseline risk

Medication Processes:
- Medication reconciliation – review and appropriateness
- Checklist for medication administration – consent, target symptom, designated endpoint, pertinent medical history, start at lowest doses, risks/benefits, etc.
- Improve Batch Experience:
- Prepare all supplies first, start medication, consider using preferred music, use warmer for medication, consider gentle approach, offer choice of shower/hub/sponge and day/evening, explain each step, promote independence
- Improve Dressing Experience
- Same time daily, calm, relaxed, supportive, allow resident to have control based on number of options (2), lay out in order of application, explain steps

Staff Communication Processes:
- Interdisciplinary referral tool for proactive review of resident behaviours and/or after behavioural assessment
- Structured frameworks – P.I.E.C.E.S 3-Question Template, etc.
- Standardized reporting of behaviour status at care transitions – e.g. change of shift, prior to outings, etc.
- Documentation Processes:
- Behaviour section of resident health record
- Huddle documentation tool
- Care conferences
- Use documentation tool
- Update care plan regularly
- Safely/Prevention
- Monitor and control noise levels
- Hearing/hearing aids checks
- Vision/checking glasses cleaning
- Resident routine safety checks
- Environmental safety rounds
- Wandering risk tool to police
- Videocapes and/or LCD bracelets for residents prone to wandering

Consider checklists or other reminder systems to assist with implementation:
- Personalized and tailored Resource and Practice
- Consistency of staff assignment
- Life history
- Routine pain assessment
- Reassess needs for restraints
- Consideration of non-pharmacological strategies first
- Ask family about care and opportunities for improvement
- Use effective communication strategies in all resident interactions: approach from front, speak at eye level, address by name, use simple words, short phrases and gentle tone, minimize noise and distractions, give time to respond, suggest words, use “babytalk”

Implement Dementia Specific Environmental Design (See the Alzheimer Knowledge Exchange’s Dementia-Friendly Design Series of resources, written by designers, lighting and doorways at www.akersresourcecentre.org/design)

General Design Principles:
- Promote social interaction and safety, emotional security
- Make environment homelike
- Promote relationships and residents and staff
- Design for groupings of smaller numbers of residents
- Use environment as a therapeutic tool

Physical Design Features:
- Measure and Control Noise:
- Elevate outside paging, alarms, noisy equipment
- Pager/phones on vibrating setting
- Silent bed alarms
- Schedule intrusive noises
- Review fire alarm testing frequency/duration
- Test alarms when resident’s away
- Avoid TVs as passive engagement
- Use sound traps/funnels or absorptive surfaces on walls
- Avoid sensory rooms
- Temporary use of earplugs

- Appropriate task/transitioning lighting
- Sufficient natural light
- Eliminate glare and shadows

Doors:
- Camouflage to decrease exit-seeking
- Limit traffic at main unit door
- Block entrance for staff

- Use of large open spaces
- Openness to outdoor view
- Restrict smoking
- Other Processes for Improvement:
- Admission processes
- Team huddle
- Scheduling of bathing, other care activities
- Shift report
- Care conferences
- Life history
- Training and education on responsive behaviours
- Medication processes
- DOS completion
- End of life care discussions
- Written plans

- Pet therapy – regular visits
- Social interactions and eating behaviours and associated pictures, black letters on white page
- Colour – warm, calming colours (green), contrasting colours, familiar foods

Social Design Features:
- Familiar furniture
- Eliminated/eliminated clinical items – med carts, nursing stations, etc.
- Eliminate staff communication items – brochures, menus, etc.
- Civic clothes for staff
- Good smells – coffee, bread, etc.
- Make Environment Therapeutic:
- Different activity areas
- Indoor/outdoor walking space
- Mount interesting pictures that evoke conversation/interaction
- Use symbols or pictures instead of words – e.g. ticket symbol on bathroom door
- Reduce seasonal decorations
- Include big practices – 4-6 square tables, square plates, calm/quiet, sequential presentation of meals, contrast colour dinemnerie,, no discernable scent, support retained abilities, use food or fish cut food prior to serving

Promote Relationships:
- Social groupings of residents
- Improve family in activities, etc.

- Pet therapy – regular visits
- Familiar with residents

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### Responsive Behaviours: Overcoming Barriers Worksheet

Use this table to identify and track your **Change Ideas**. For each **Change Idea**, list all of the **barriers** you can think of, then list all of the **enablers** – or strategies that you could put into place to help overcome the barriers and ensure that your efforts will be effective and successful. Common examples from LTC homes have been included to help get you started.

<table>
<thead>
<tr>
<th>Change Ideas</th>
<th>Barriers – what will get in the way of implementing your idea? (use fishbone and 5 whys to identify)</th>
<th>Enablers – what strategies, ideas, tools and tips can you implement that will ensure successful implementation of your change idea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team huddles after behaviour episodes</td>
<td>Lack of focus or structured approach to problem-solving</td>
<td>Use P.I.E.C.E.S. 3-Question template to focus conversations</td>
</tr>
<tr>
<td></td>
<td>No follow-through of decisions</td>
<td>Create documentation tool to record accountabilities, strategies, next steps</td>
</tr>
<tr>
<td>Reduce noise</td>
<td>Noisy equipment – floor buffer</td>
<td>Reduce frequency of floor maintenance</td>
</tr>
<tr>
<td></td>
<td>Lack of awareness</td>
<td>Schedule intrusive noise</td>
</tr>
<tr>
<td>Obtain life history for all residents</td>
<td>Lack of consistency of information</td>
<td>Education re: impact of noise on behaviours</td>
</tr>
<tr>
<td></td>
<td>Information is not displayed conveniently</td>
<td>Post discreetly in room or in behaviours section of chart</td>
</tr>
<tr>
<td>Improve pain control</td>
<td>No standardized process</td>
<td>Use pain assessment tool for cognitive impairment</td>
</tr>
<tr>
<td></td>
<td>Not perceived as a problem</td>
<td>Collaborate with Pain and Symptom Management Consultant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff education</td>
</tr>
</tbody>
</table>